



GET STARTED WITH VERMONT HEALTH CONNECT

Before you start choosing a plan, it's important to understand some basic information that will help you choose the best plan for you. Use the steps and resources below as a guide to help you select the plan that best meets your needs and budget.

First, when it comes to your health care needs, what category do you fit in?



NO KNOWN MEDICAL ISSUES

Just visits to the doctor for the flu or a broken arm. No prescription drugs on a regular basis.



SOME MINOR ONGOING MEDICAL ISSUES

Allergies and acid reflux, for example. A few visits to specialists during the year, maybe a couple of prescription medications purchased regularly.



MORE SIGNIFICANT MEDICAL ISSUES

Multiple visits to specialists during the year and a fairly constant supply of prescription medications.



Second, how likely is it that you will need hospital care in the next year?

Are you planning on having a baby, or will you need medical procedures or treatments that might require a hospital visit?

☐ **YES**

☐ **NOT SURE.**

☐ **No**

Third, how would you rather pay for health insurance?



PAY MORE
every month



PAY LESS
when you need care



PAY LESS
every month



PAY MORE
when you need care



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CALL: 1-855-899-9600 (TOLL-FREE)

CLICK: WWW.VERMONTHEALTHCONNECT.GOV

Fourth, learn if you qualify for low- or no-cost health plans.

Most Vermont Health Connect customers qualify for a free or reduced-cost health plan. This decision is mostly based on:

The number of people in your household:

Your annual income:

Whether or not you have an offer of coverage from somewhere else (*your job or a spouse, for example*):

☐ Yes ☐ No



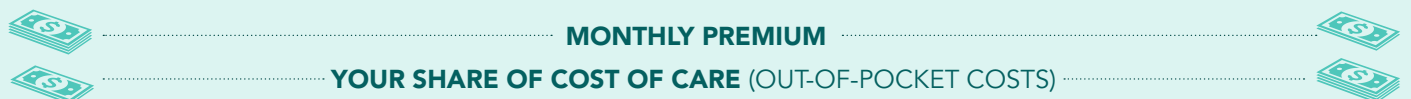
FIND OUT HOW MUCH FINANCIAL HELP IS AVAILABLE TO YOU.

Visit www.VermontHealthConnect.gov and click on the **Subsidy Estimator**.

Fifth, compare premiums and out-of-pocket costs to find the plan that's right for you.

Plans are grouped into four levels. The levels represent the difference between how much you will have to spend on things like monthly premiums, deductibles, and other out-of-pocket costs. All plans offer the same set of essential health benefits and the same quality of care. Your choice of plan mostly centers around how you want to pay for your care.

COST RANGE OF ALL PLANS



PLATINUM

With Platinum, you pay a higher monthly premium but your out-of-pocket costs are lower.

GOLD

With Gold, you pay more per month than Silver or Bronze, but your costs when you need care will be lower because the deductible and out-of-pocket costs are lower.

SILVER

Many Vermonters feel that a Silver plan offers them the best value, with more financial protection than a Bronze plan and less up-front costs than a Gold or Platinum plan. Everyone should consider the option that works best for them.

For those who qualify, an enhanced Silver plan with cost-sharing reductions (CSRs) makes going to the doctor and getting prescriptions much more affordable. If you qualify for CSRs, **you must choose Silver to take advantage of the cost savings**. Plus, with Silver plans, many common services do not have a deductible.

Learn if you qualify for CSRs using the Subsidy Estimator above.

BRONZE

With Bronze, you pay less each month but end up paying more when you use your insurance because your deductible and out-of-pocket costs are higher.

NOTE: If you will be under 30 years old when your plan year begins, or if you meet financial or "hardship" criteria, you may qualify for a Catastrophic Plan. This type of plan has lower monthly premiums but the potential for significant out-of-pocket costs in addition to the premium, because it covers costs only after you've used a lot of care. A Catastrophic Plan mainly protects you from very high medical costs.

MOST AMERICANS WHO DO NOT HAVE HEALTH INSURANCE WILL HAVE TO PAY A SHARED RESPONSIBILITY PAYMENT WHEN THEY FILE THEIR FEDERAL TAXES.